Dr Wageeh Mikhail

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Wageeh Mikhail on 23 June 2015. Overall the practice is rated as good.

Specifically we found the practice to require improvement for providing safe services. It was rated good for providing effective, caring, responsive and well-led services.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, report incidents and near misses. The practice used these events as opportunities for learning.
- Risks to patients were not always adequately managed and assessed, including those relating to recruitment checks.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. However some patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity. The practice did not hold regular governance meetings.

We saw one area of outstanding practice:

Summary of findings

- The senior partner carried out home visits to nursing homes on Saturdays. This enabled visiting family members to be involved in discussions about care and treatment.

However, there were also areas of practice where the provider should make improvements:

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure there is a system in place to identify, review and assess all risks to patients safety and identify clear actions to mitigate these
- Ensure there are systems in place to track prescriptions through the practice
- Ensure signed confidentiality agreements are in place for all staff.
- Ensure clinical audits for minor surgery are completed in line with national guidance

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations into incidents were thorough and lessons learned were communicated widely to support improvement.

Risks to patients who used services were not systematically assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

The practice had risk assessed the need for a DBS check on a staff member but this risk assessment was not robust and did not consider all of the risks; it did not provide assurance that a DBS check was not necessary.

We saw equipment in use within the practice which was not designed for medical practice. Prescriptions were not adequately tracked through the practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

Data showed patient outcomes were generally at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

We saw limited evidence to demonstrate that clinical audit was driving improvement in performance to improve patient outcomes.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

Data showed the practice had a variable performance when compared to other local practices. In some cases their performance was in line with practices in the CCG, in others it was below similar local practices.

Practice performance for indicators related to nurses was better than for GPs. For example, 76% of patients said that that the last GP they saw was good giving them enough time compared to a CCG average of 86%. The figure for nurses was 99% compared with a CCG average of 94%.

Patients we spoke with on the day and comment cards we received told us patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice had completed care plans for 113 patients which equated to 2% of its eligible population enabling their involvement in decisions about care and treatment where possible.

The practice had systems in place to identify and support carers and had recently recruited a carers' champion.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Some patients reported that there could be a long wait for non-urgent appointments although urgent appointments were usually available the same day. Patient survey data indicated that 83% of patients were able to get an appointment the last time they tried.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

There was evidence indicating learning from complaints was shared with staff and PPG members.

Are services well-led?

Good

The practice is rated as good for being well-led.

Summary of findings

There was a leadership structure in place and staff felt supported by management. Staff felt able to raise issues with their manager but meetings for staff were not always held regularly. Leadership responsibilities were not shared within the practice as the senior partner was the lead for nearly all areas. However the practice did have plans to distribute responsibilities among the newly appointed salaried GPs.

There were some areas where this system was leading to gaps in processes and records, exposing patients to potential risk. These had not been identified as the governance systems were not sufficiently robust and the practice did not hold regular governance meetings.

The practice had a number of policies and procedures in place but some of these had been reviewed without the content being updated. Policies and procedures were not always followed. For example at the time of the inspection we did not see evidence of signed confidentiality agreements for all staff as indicated in the practice induction policy.

The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions, including locums; however evidence of inductions being completed was not always available.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people.

Every patient over the age of 75 years had a named GP. Influenza and shingles vaccinations were offered to older patients in accordance with national guidance.

Home visits to patients in their own homes or care homes were carried out when requested. Monthly multi-disciplinary care meetings were held to ensure integrated care for older people with complex health care needs.

Patients identified as being at high risk of admission to hospital had care plans in place. The practice provided a service to four local care homes and undertook Saturday visits as required to visit patients and their families. The practice performed better than the CCG average with regard to uptake of flu vaccinations for the over 65s.

The practice worked with the patient participation group (PPG) to organise events relevant to older people such as a 'warm, well and wise' event.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions.

We found that the nursing staff had the knowledge, skills and competencies to respond to the needs of patients with a long term condition such as diabetes, heart disease and asthma. We saw evidence that longer appointments and home visits were available when needed.

The practice maintained registers of patients with long term conditions. Patients were offered annual reviews to check that their health and medication needs were being met. Recall systems were in place to ensure patients attended.

The practice worked closely with the diabetes specialist nurse to manage patients with poorly controlled diabetes.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people.

Summary of findings

We saw that the practice provided services to meet the needs of this population group. Urgent appointments were available for children who were unwell and telephone consultations were available for advice.

Staff were generally knowledgeable about how to safeguard children from the risk of abuse. Systems were in place for identifying children who were at risk, and there was evidence of meetings with health visitors and school nurses to discuss children at risk.

The practice offered a full range of childhood vaccinations and immunisations. Appointments were offered at times convenient to patient needs. The quarterly practice newsletter included a section for children.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had made some adjustments the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered early opening one day per week and opened on one Saturday each month.

Telephone consultations were available. The practice was pro-active in offering on line services as well as a full range of health promotion and screening services which reflected the needs of this age group. The practice had robust arrangements in place for registering temporary patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients with a learning disability. It had carried out annual health checks for patients with a learning disability.

The practice had a nurse with a special interest in learning disabilities and had recently been reviewed in respect of its enhanced service for people with learning disabilities. The practice achieved a gold award in this review (the highest level.) Patients with a learning disability were seen by the same nurse and doctor to enable continuity of care.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Staff knew how to

Summary of findings

recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had systems in place to identify carers and had appointed a carers' champion.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice was proactively assessing patients with risk factors associated with dementia. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. The practice had direct links to the mental health crisis team, and ensured that patients and families had contact details for access when the practice was closed.

The practice maintained a register of patients with a mental health condition and those diagnosed with dementia and offered annual health checks to these patients. The practice offered an enhanced service for dementia identification. Records showed that staff had completed dementia awareness training.

Summary of findings

What people who use the service say

We looked at the results of the national patient survey from January 2015. Questionnaires were sent to 277 patients and 116 people responded. This was a 42% response rate. The practice performed well when compared with others in the CCG in respect of the following areas;

- 74% of respondents said they found it easy to get through to the surgery by phone (compared to a CCG average of 68%);
- 96% of respondents said the last nurse they saw or spoke to was good at giving them enough time (compared to a CCG average of 92%);
- 99% of patients said they had confidence and trust in the last nurse they saw or spoke to (compared to a CCG average of (98%).

The practice did not perform as well in the following areas;

- 65% of respondents said they would describe their experience of making an appointment as good (compared to a CCG average of 70%);
- 34% said they did not normally have to wait too long to be seen (compared to a CCG average of 61%);
- 64% of respondents said they would describe their overall experience of this surgery as good (compared to a CCG average of 83%);
- 58% said they would recommend this surgery to someone new in the area (compared to a CCG average of 78%).

We reviewed comments from NHS Choices. The rating for the practice was two and half stars out of a possible five. There were eight reviews left in the last 12 months. Six of the eight reviews were negative and two were positive. Themes from the negative reviews included access to and availability of appointments, lack of continuity and changes to staffing. The practice had responded to two of the eight comments, to one positive comment and one negative.

The practice was aware of areas for improvement and had worked with the patient participation group (PPG) to identify priority areas for improvement. A PPG is a group of practice patients who work together with the staff to improve the care to patients. The areas identified for improvement included availability of permanent GPs, waiting time to see clinicians and waiting time to register arrival at reception. We spoke with three members of the PPG, including the chair and vice chair. They told us the practice engaged well with the PPG and was responsive to their suggestions.

We received 52 completed comment cards. The majority of the comments we received were positive with patients stating they were treated with care and respect by helpful, professional and caring staff that listened to them patiently and answered any questions they may have. Twelve responses were less positive and these mainly concerned access to appointments indicating this issue was not wholly resolved.

We spoke with11 patients on the day of the inspection. Patients we spoke with told us that they were generally able access appointments at a convenient time. Patients told us they were treated with dignity and respect and that staff were friendly towards them.

Areas for improvement

Action the service SHOULD take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure there is a system in place to identify, review and assess all risks to patients safety and identify clear actions to mitigate these
- Ensure there are systems in place to track prescriptions through the practice
- Ensure signed confidentiality agreements are in place for all staff.
- Ensure clinical audits for minor surgery are completed in line with national guidance

Summary of findings

Outstanding practice

- The senior partner carried out home visits to nursing homes on Saturdays. This enabled visiting family members to be involved in discussions about care and treatment.

Dr Wageeh Mikhail

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a specialist practice manager, a second inspector and an inspection manager.

Background to Dr Wageeh Mikhail

Dr Wageeh Mikhail provides primary medical services to approximately 6,360 patients through a general medical services (GMS) contract. The services are provided from a single location.

The practice is situated in a former mining community. The practice population live in one of the less deprived areas of the country, although the practice has a higher than average older population of both males and females.

The practice team comprises three male GPs and one female GP. There is one partner GP, two salaried GPs and a long term locum GP. This equated to 26 sessions per week. The clinical team are supported by a full time lead nurse who is an independent prescriber, two part time practice nurses and one full time healthcare assistant (who are all female). The practice is currently recruiting a phlebotomist. The practice employs a practice manager and seven administrative and reception staff.

The practice opens between 8am and 6.30pm Monday, Wednesday, Thursday and Friday. The practice opens at 7am on Tuesdays and for one Saturday each month between 8.30am and 12pm. This increased to two Saturdays per month between December 2014 and April 2015. Two patients commented that they found the Saturday sessions helpful.

At all other times, appointments are available from 8am to 12.30pm and from 1.30pm to 5.30pm on Monday, Wednesday, Thursday and Friday and from 7am to 12.30pm and 1.30pm to 5.30pm on Tuesday. The practice also opens one Saturday per month from 8.30am to 12pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS) when the practice is closed.

A responsive inspection (using the previous inspection methodology) of the practice was undertaken in August 2014 and the practice was found to be non-compliant in the following areas:

- Outcome 6 – Cooperating with other providers
- Outcome 12 – Requirements relating to workers
- Outcome 14 – Supporting staff
- Outcome 16 – Assessing and monitoring the quality of service provision

We followed up these areas during this inspection.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the

Detailed findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

We carried out an announced inspection of Dr Wageeh Mikhail on 23 June 2015. As part of this inspection we received and considered pre-inspection information from the provider and had contact with the four care homes the practice provided a service to.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2015. During our visit we spoke with a range of staff (including three GPs, the practice manager, nurses and healthcare assistants as well as reception and administrative staff).

We also spoke with 11 patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 52 comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of systems to learn and improve on their practice and to ensure safe care was delivered. For example, they recorded significant events, accidents, and produced an annual summary of complaints.

The practice staff knew how to raise significant events and they said they felt confident to do this. Staff gave us an example of a recent significant event involving information governance and a breach of patient confidentiality. Staff were able to explain what steps they had taken to prevent this re-occurring. We saw these arrangements were in use.

There was a system in place for national patient safety alerts. The practice manager, the senior partner and a member of the administration team were registered to receive the alerts. These were dealt with by the practice manager (or another recipient in their absence) who would then disseminate these to the appropriate people via email. We saw evidence to show staff who received these alerts had signed to confirm they had read them. We saw evidence of action taken in response to a recent safety alert about cord on blinds.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed the records of nine significant events which had been recorded in 2014/2015. The practice recorded detailed summaries of significant events, learning points and how these learning points would be disseminated. Significant events recorded included clinical and non-clinical incidents. Actions from significant events were shared with relevant staff in the practice through significant event meetings. We saw comprehensive minutes of these meetings.

The practice told us they reviewed all significant events and complaints annually in order to identify any patterns to assure themselves that the action taken in response to events had been effective. Records demonstrated that the practice had identified learning from these events.

We saw evidence to demonstrate that the practice was open and transparent where things had gone wrong, for example patients affected by a confidentiality breach were contacted by the practice manager to inform them of the incident and the actions the practice had taken to prevent re-occurrence.

Reliable safety systems and processes including safeguarding

The practice had systems in place to manage and review risks to vulnerable children, young people and adults. They held face to face meetings with the health visitors and school nurses although the evidence we saw through meeting minutes did not indicate these meetings were held in a regular pattern. For example, the last meeting was held on 19 June 2015 but the ones prior to that had been held on 17 April 2015, 28 November 2014 and 3 September 2014. However, we saw evidence that a meeting scheduled for February has been cancelled due to illness.

We looked at training records which showed that staff had received relevant role specific training on safeguarding. We asked members of staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had the senior GP partner as their lead in respect of safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. The staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans or those living in situations of domestic violence and those on the palliative care register.

There was a chaperone policy, which was visible on the reception desk. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).

Requires improvement

Are services safe?

All nursing staff, including health care assistants, had been trained to be a chaperone. Three members of administrative and reception staff had been trained to act as a chaperone if nursing staff were not available and appropriate checks had been undertaken via the Disclosure and Barring Service (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Medicines management

We checked medicines stored in each of the treatment rooms and medicine refrigerators. We looked at the records which showed all fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

The health care assistant administered vaccines and other medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. PSDs are written instruction, from a qualified and registered prescriber for a medicine to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

We saw evidence that the health care assistant had received appropriate training and been assessed as competent to administer the medicines referred to either under a patient group directive (PGD) or in accordance with a PSD from the prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

All medicines were stored securely and were checked monthly to make sure they were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers and those for hand written prescriptions were not handled in accordance with national guidance as these could not be effectively tracked through the practice. For example serial numbers of prescription pads stored in doctors' bags were not recorded so prescription movement could not be securely controlled and audited.

We saw records of prescribing audits undertaken by the clinical commissioning group (CCG) in 2015/16 and these showed the practice consistently performed well in respect of antibiotic prescribing and prescribing hypnotics. The practice was underspent on their budget for medicines.

There was a system in place for the management of high risk medicines such as warfarin and other disease modifying drugs such as methotrexate (a drug which interferes with cell growth and is used in treatment of certain types of cancer and arthritis), which included regular monitoring in accordance with national guidance.

A member of the nursing staff was qualified as an independent prescriber and they had received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

The practice had a system in place for reporting and learning from medicines incidents and errors. For example we saw there had been an investigation of a significant event involving the vaccines fridge and the practice had taken a number of steps to try and address this included taking daily fridge temperatures and changing the systems which were in place to order new medicines.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place. Cleaning was undertaken by a contract cleaning team. Several patients indicated on comment cards that they found the premises to be tidy, clean and hygienic. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. The practice had sufficient quantities of personal protective equipment including disposable gloves, aprons and coverings available for staff to use to prevent infection passing between staff and patients.

One of the practice nurses was the lead for infection control and they had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received training about infection control specific to their role and received annual updates.

Requires improvement

Are services safe?

We saw evidence to demonstrate that the practice had carried out annual audits and had completed actions which were needed. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap/surgical scrub, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this.

Portable electrical equipment had been tested and there was a rolling programme of testing in place.

A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example spirometers and blood pressure measuring devices to make sure readings were correct and could be relied upon.

We observed a baby bottle steriliser in one of the treatment rooms. We were informed by a member of nursing staff that this was used to sterilise scissors and ear probes. We brought this to the attention of the practice management as this piece of equipment was not designed for use in a clinical setting. The equipment was removed immediately following the inspection.

Staffing and recruitment

The practice had a recruitment policy in place and a recruitment reference request policy but neither of these detailed all of checks required to undertake in accordance with legislation.

The practice was previously inspected in August 2014. This inspection had identified concerns about information missing from staff records in respect of appropriate DBS checks. Following this inspection, the provider produced an action plan which identified that DBS checks would be done for all clinicians employed by the practice and the DBS risks assessments would be done for all new non-clinical staff.

We looked at five staff records. Some of the files contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, three files for clinical staff contained proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

We reviewed a staff file for a member of the administrative team. A risk assessment had been undertaken for this member of staff in order to reach a decision about the necessity of a DBS check. This risk assessment was not robust as it did not consider all of the risks such as the staff member working without supervision or having access to confidential, personal information about patients. Consequently the risk assessment did not provide assurance that a DBS check would not be necessary for this member of staff.

Following the previous inspection in August 2014, the practice had developed a locum pack that contained relevant information for locum staff working at the practice for example, how to request tests for a patient. The pack also referenced sepsis guidance. The practice issued this pack to locums working within the practice before they commenced working with the practice and requested that they sign a form to indicate that they had read the information. The practice manager explained that it had not always been possible to get signed confirmation but showed us evidence of efforts made to ensure this information would be read by locums.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager told us the administrative staff would help in reception if required.

Requires improvement

Are services safe?

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice but these were not sufficiently robust. They had contracted with a company to provide them with policies and documents to assess risks to the health and safety of patients, staff and other visitors. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

There were risk assessments in place in respect of some issues such as the use of monitors, fire safety and information governance. However, there were risk assessments missing in some areas such as lone working and manual handling. Where risk assessments were in place, risks were assessed and rated and mitigating actions recorded to reduce and manage the risk.

The practice did not have a systematic approach to identifying and managing risk. For example, some risk assessments were done online and had not been fully completed and some were done in hard copy. We did not see any evidence of risk being discussed on a regular basis at meetings and so could not be risks were being managed in line with risk assessments and in a consistent way.

The practice staff were able to evidence that the systems in place to identify and respond to the deteriorating patient had been strengthened to ensure they received timely care and treatment. The health care assistant gave an example of a patient who attended for a blood test and mentioned having chest pain. The patient was seen by a doctor, given diagnostic tests and an ambulance was called to take the patient to hospital.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of stroke, cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure and loss of medical records. The plan contained contact details for a range of services and contacts within the health service.

The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Six patients told us on their comment card that they felt confident the clinical staff had ensured they received the right care and treatment to meet their needs. This aligned with the views of patients we spoke with during the inspection.

The GPs and nursing staff were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and the clinical commissioning group (CCG). All updates and alerts were received electronically. We saw an example of an alert received about an outbreak of Middle East Respiratory Syndrome (MERS is a viral respiratory illness that affects lungs and breathing tubes) in South Korea.

Clinical meetings to discuss guidance and best practice had not been held regularly for some time due to changes in staffing. We saw evidence of an email indicating that the practice was planning to commence these meetings again on a monthly basis from July. Regular meetings with nurses took place and we saw evidence in the minutes to show they used these meetings to educate themselves on specific long term conditions such as diabetes using information and articles which had been published. We also saw evidence of staff sharing their learning from a recent training session around diabetes testing.

Staff used standard templates generated by their electronic system to assess patients' needs which followed NICE guidelines.

The practice had created a register to identify patients who were at high risk of unplanned admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records. Just over 2% of eligible patients had care plans in place in line with national expectations. This enabled patients' individual care to be planned and co-ordinated and reduced the need for them to go into hospital.

Monthly multidisciplinary meetings were held at the practice to discuss patients at increasing risk of hospital admission and those currently in hospital. These meetings were attended by the senior partner and the reception manager from the practice. These were also attended by external staff such as social workers, physiotherapists, district nurses and mental health nurses.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. This was done proactively and both quantitative and qualitative data was gathered on the use of services and clinics. The practice used the quality and outcomes framework (QOF) to measure its performance. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, and medicines maximisation.

We looked in depth at two completed clinical audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, we looked at a clinical audit concerning patients with abnormal fasting glucose results to determine whether they had been offered regular monitoring in line with NICE guidelines.

The initial audit was undertaken in 2014 which was based on a review of 65 patients. This identified that only 13.8% of patients reviewed had received their annual glucose tolerance testing. On re-audit the practice could demonstrate outcomes for patients with diabetes across a number of measures had improved as they had put an effective recall system in place to ensure proper monitoring could take place.

The QOF data indicated the practice were performing well in relation to care for patients with diabetes. It had achieved 103.86 out of 107 points which was 4.2 % points above CCG average and seven % points above the national average.

We also saw the practice kept records of minor surgery carried out on a spread sheet. This was used to record clinical outcomes in addition to whether patients had been referred on to secondary care. For the 26 procedures undertaken since April 2015, the practice's records indicated none had been referred to secondary care. The practice told us they did not record post-operative infection rates or collect any qualitative feedback from patients on the outcomes of the surgery to compare their performance in these areas with other practices nationally.

Good

Are services effective?

(for example, treatment is effective)

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For cervical screening it achieved 100% of the total QOF points in 2013/14. Of the practice eligible population, 86.2% had been screened which was 0.6% above the CCG average and 4.2% above the national average.

The clinical exception rate for the practice was lower than the CCG average and national average. An exception is recorded in QOF when a patient does not receive the nationally recommended treatment or intervention for specific reasons.

Performance for depression related indicators was better than the CCG and national average. The practice achieved 100% which was 7.1% points above CCG average and 5.4% points above England Average. Performance for mental health related and hypertension QOF indicators was higher than the CCG and national average.

The nurse prescriber received clinical supervision from the senior partner and nurses offered clinical support to each other informally and through nurses' meetings.

The practice's prescribing rates were lower when compared with the local and national data. Their prescribing of antibiotics was 0.2% compared with the national average 0.29%. The practice was ranked best in the CCG in respect of antibiotic prescribing.

The practice staff ensured routine health checks were completed for long-term conditions such as asthma and that the latest prescribing guidance was being used. For example 86% of patients with asthma had a review in the last 12 months, which was above the CCG average of 78.2% and the national average of 75.5%.

The practice participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes that were better than other services in the area in relation to accident and emergency (A&E) attendances, annual health checks and influenza vaccinations. However, there were some areas where the practice was not performing as well as other services in the area. For example, the practice rate for emergency admissions was higher than the CCG average.

Effective staffing

Practice staffing included medical, nursing, managerial, reception and administrative staff. We reviewed staff training records and saw that staff were up to date with attending courses the practice considered to be mandatory such as annual basic life support.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

The previous inspection identified that there was limited documentary evidence available to demonstrate that locum clinical staff had the necessary up to date training such as safeguarding vulnerable adults and children and cardio pulmonary resuscitation (CPR). We saw evidence that this was available for the long term locum.

All staff had received annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example the health care support worker had been trained on providing Vitamin B12 injections and was scheduled to attend training on ear irrigation.

All practice staff had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example training on cervical cytology, wound care, diabetes. Staff were able to demonstrate that they had appropriate training to fulfil their roles.

We identified that there was not a consistent approach to managing some risks with regard to confidentiality. We reviewed five staff files and were unable to find copies of any confidentiality agreements signed by staff members. We asked the practice manager if they could provide these. Signed confidentiality agreements were seen for some staff members but not for any of the five staff members we reviewed.

The practice manager told us staff were issued with a copy of the employee handbook when they started working at

Good

Are services effective?

(for example, treatment is effective)

the practice which contained information about confidentiality. The practice manager told us this handbook formed part of the terms and conditions for each employee, which they had signed.

The practice was unable to provide a copy of a signed third party confidentiality agreement with their contract cleaning company, in spite of this being stipulated in their service level agreement. The contract cleaners worked in the practice alone after the practice was closed.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post.

We saw evidence of a robust referral system to secondary care. A spread sheet of all referral letters was kept and letters were audited to ensure quality.

We saw there was a system in place for recording any incidents where there had been issues involving liaison with other providers. We saw evidence of completed forms and were assured that appropriate action was taken to ensure the practice had all of the information they needed to make decisions about patient care.

All communications from the out of hours provider were received electronically and were dealt with the same day by allocating this as a task to the relevant member of practice staff. We looked at the task list and saw action had been taken to read all communications received. There was no backlog for communications received electronically or by post and staff confirmed that GPs read all letters on the same day, indicated they had read them and sent them back for coding and entering on the system.

The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice held multi-disciplinary meetings to discuss those at high risk of hospital admission and adult safeguarding. These meetings were called PRISM and included; community matrons, community physiotherapists and district nurses. The purpose of these meetings was to discuss and agree multi agency care plans to enable the patient to receive co-ordinated care

The practice had completed 113 care plans for patients at highest risk of admission to hospital. This represented 2.1% of their practice population and the practice had met their contractual obligations.

The practice held monthly multidisciplinary team meetings to discuss patients receiving palliative care. These were attended by palliative care nurses to ensure care plans were formulated to ensure co-ordinated care was delivered in line with the patient's preferences in respect of the end of their life. The practice held a palliative care register and shared care plans with the out of hours services to prevent patients being admitted to hospital if they wished to end their life at home.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had also signed up to the electronic Summary Care Record and this was fully operational. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. Staff had received role specific mental capacity training and the senior partner had recently attended a deprivation of liberty safeguards (DOLS) seminar.

All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. One of the care homes we spoke with told us the doctors had a good understanding of working with

people who lacked capacity. The senior partner undertook capacity assessments for patients and met with family members to discuss do not attempt cardio pulmonary resuscitation orders (DNACPR).

All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions). Clinical staff were able to provide us with examples of how they determined who could provide consent for a child to receive care and treatment. The practice staff took the appropriate action in relation to this.

We saw evidence of patients receiving minor surgery providing written consent agreeing to this. We also saw evidence to show patients with care plans had given their written consent for information in their care plans to be shared.

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. This health check was undertaken by a practice nurse and patients were referred to a doctor if required.

The practice offered NHS Health Checks to patients aged 40 to 75 years. Practice data showed that 56% of patients in this age group took up the offer of the health check. This was above the CCG average.

The CCG had identified one of their health priorities as encouraging people to stop smoking. The practice had ways of identifying patients who needed additional support. For example, the practice had identified the smoking status of 99.6% of patients over the age of 16. Eighty five percent of these patients had been offered support and treatment in the past 24 months, with 96.8% having been referred for smoking advice.

We saw that the practice had been reviewed in respect of the effectiveness of their enhanced services for patients with a learning disability. The practice achieved a gold award and several aspects of the service were highlighted as positive. For example the practice was using the NHIS Learning Disability dashboard which is a validated comprehensive health check, and the GPs were actively monitoring the health of patients with a learning disability and acting on any potential symptoms of worsening health.

The practice's performance for the cervical screening programme was 88.1%, which was above the 80% CCG average and 73.2% national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend.

The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening. The practice attendance rate for national screening programmes was better than other practices in the CCG for breast, cervical and bowel cancer.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above or similar to the CCG average for the majority of immunisations where comparative data was available. For example, flu vaccination rates for the over 65s were 77.1% compared to a CCG average of 75.5%. The practice also performed better than the CCG average in respect of flu vaccinations for at risk groups.

The 2014 Public Health data reflected the practice's cancer screening rate was above the CCG and national average. For example:

- 84.6% of females between 50 and 70 years had been screened for breast cancer in the last three years. This was above the 77.3% CCG average and 72.2% national average.
- 66.4%% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year coverage); compared to a 64.2% CCG average and 58.3% national average
- 62.7% of these patients had been screened for bowel cancer within 6 months of invitation compared to 60.0% CCG average and 55.4 % national average.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey from January 2015. Questionnaires were sent to 277 patients and 116 responded. This was a 42% response rate. We considered a survey undertaken by the practice's patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Evidence from the national patient survey showed that there were some areas where the practice was performing in line with the clinical commissioning group (CCG) average. Fifty nine percent of patients with a preferred GP said they usually got to see or speak to that GP which was similar to the CCG average of 60%.

The national patient survey identified some areas needing improvement. For example 64% of patients described their overall experience of the surgery as good, compared to a CCG average of 83%. Fifty eight percent of respondents indicated that they would recommend the practice to someone new to the area which was below the CCG average 78%.

We reviewed comments on the NHS choices website regarding the practice and we found these reflected mixed views from patients. There were eight recorded comments in the last 12 months, two of these were positive about the care they received from the practice and the way they were treated by staff.

We reviewed 49 comment cards and the majority of these were positive and indicated that patients considered that they were treated in a kind and compassionate way. Common themes from the cards were that patients felt they were treated in a caring manner by polite, caring and professional staff. Many commented that they were treated with respect.

We spoke with 11 patients during the inspection. All of the patients told us staff were caring and that they were treated with dignity and respect. We observed staff dealing with queries in a polite and professional manner.

Patients and staff told us that consultations and treatment were carried out in the privacy of treatment rooms.

Disposable curtains were provided in treatment rooms to ensure the privacy and dignity of patients was maintained. We noted treatment room doors were closed during consultations and conversations could not be overheard. Patients we spoke with told us their privacy and dignity was always respected by staff.

We observed that the reception area was very open and conversations taking place at the desk could be overheard. The practice had worked with the PPG to try to reduce the waiting time at the reception desk to ensure a large queue did not form. There was a notice displayed on the reception desk asking people to give those in front of them space to maintain their confidentiality. There was also a private room available off reception for confidential conversations if required. Confidential telephone calls could be made from the office behind reception.

There was a notice displayed in the reception area stating the practice's zero tolerance for abusive behaviour.

Practice staff told us patients with learning disabilities or those with anxiety were given appointments at the beginning or the end of the day when they were aware there would be less people in the waiting room. Patients that felt anxious around other people were given the option to wait away from the main waiting area.

Care planning and involvement in decisions about care and treatment

We found mixed evidence about whether patients felt involved in decisions about care and treatment.

The patient survey information we reviewed indicated patients were generally less satisfied with involvement in care and treatment than the CCG average. For example, 63% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care, compared with a CCG average of 81%. Seventy-three percent said the GP was good at explaining tests and treatments compared with a CCG average of 85%.

All of patients we spoke with on the day of the inspection told us they felt involved in their care and treatment. They said that staff explained things properly to them in a way which they understood and involved them in decisions about their treatment.

Good

Are services caring?

We received 52 comment cards and several patients commented that the practice staff and clinicians were patient, listened to them and answered any of their questions clearly, explaining their reasons for care and treatment.

We looked at the arrangements in place for planning care for people at high risk of admission to hospital and saw the practice had completed 113 care plans. This equated to 2.1% of their eligible population.

Patient/carer support to cope emotionally with care and treatment

The national patient survey information we reviewed showed patients views were mixed regarding the emotional support provided by the practice. For example, 75% of patients surveyed said that the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 85%. Ninety percent of respondents said that the last nurse they saw or spoke to was good at treating them with care and concern which was the same as the CCG average.

Several patients used comment cards to indicate that the staff at the practice were caring and kind. Patients we spoke to on the day of the inspection told us staff were friendly and caring.

Notices in the patient waiting room, on the TV screen and on the practice website told patients how to access a number of support groups and organisations. The practice's computer system alerted staff if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them. The practice had recently trained a member of staff to be a carers' champion who was working to increase identification of carers.

The practice was aware of the support needs of patients who had recently been bereaved. Staff told us that if families had experienced a bereavement, their usual GP contacted them by letter to express their sympathy and to signpost them to services which may support them and invited to arrange a consultation if they needed extra support. The practice showed us an example of a letter sent to a bereaved patient. Reception staff had mechanisms in place for identifying families where there had recently been a bereavement in line with the practice policy following the death of a patient.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

NHS England and the clinical commissioning group (CCG) told us the practice engaged with them and attended locality meetings with other practices. The practice manager told us about sharing learning from a significant event with colleagues within the locality.

We found the practice was responsive to patients' needs. The practice had a range of enhanced services, for example minor surgery and travel vaccinations. The practice provided a number of nurse led clinics for management of long term conditions, such as asthma, chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases), heart disease and diabetes. The nurses were flexible with the times they offered for clinic appointments for these patients.

The practice offered a service to treat minor injuries such as sprains, minor cuts and bruises, and minor head injuries to avoid patients travelling to accident and emergency (A&E). The practice was below the CCG average for the rate of patient attendances at A&E for the last 12 months.

The practice population had a higher number of older patients registered and had an above average number of patients in nursing and care homes. The senior partner carried out some visits to nursing homes on Saturdays to meet with patients and their families. This enabled discussions around aspects of treatment such as the implementation of do not attempt resuscitation orders (DNARs). This demonstrated that the practice was flexible in meeting the needs of these patients and their families.

As part of the enhanced service the practice had identified patients most at risk of unplanned admissions and had developed individual care plans for patients.

Following issues with spoiled samples, the practice had agreed to have centrifuge equipment on site. Staff were trained to operate this equipment which was used to spin down blood samples prior to their collection from the surgery. This ensured that the integrity of patients' blood samples was maintained.

Tackling inequity and promoting equality

The practice provided staff with equality and diversity training through e-learning and we saw evidence of this.

The practice covered the first and second floors of the building, with all of the services for patients being provided on the ground floor to facilitate access. We observed that there was plenty of space within the practice, including the corridors and waiting area, to facilitate access for patients using a wheelchair or a pram. Access to the front door was step free and disabled toilets were available. Baby changing facilities were provided within the disabled toilets. We saw that the practice had invested in larger wheelchair to ensure this was suitable for bariatric patients.

Staff told us that English was the first language for the majority of the patients registered with the practice. We saw that there was a facility on the practice website to translate information into different languages and leaflets containing information for patients wishing to register was provided in a wide range of languages.

The practice called patients for appointments via an announcement speaker and visually on the television screen. Staff told us there would be information on their screen if a patient was hearing or visually impaired and that they would usually come out to greet these patients personally.

The practice had arrangements in place to register temporary patients. We spoke with a temporary patient on the day of the inspection who informed us that registration had been quick and they were given an appointment on the same day.

Access to the service

The practice opened between 8am and 6.30pm Monday, Wednesday, Thursday and Friday. The practice opened at 7am on Tuesdays and for one Saturday each month between 8.30am and 12pm. This increased to two Saturdays per month between December 2014 and April 2015. Two patients commented that they found the Saturday sessions helpful.

At all other times, appointments were available from 8am to 12.30pm and from 1.30pm to 5.30pm on Monday, Wednesday, Thursday and Friday and from 7am to 12.30pm and 1.30pm to 5.30pm on Tuesday. Early appointments and Saturday appointments were also available with the nurse. Appointments could be booked via the telephone, online and in person.

Patient views were mixed in respect of the appointment system and access to the service. National patient survey data indicated that 65% of respondents described their

Good

Are services responsive to people's needs?

(for example, to feedback?)

experience of making an appointment as good, which was below the CCG average of 70%. However, 83% of patients said they were able to get an appointment to see or speak to someone the last time they tried which was broadly in line with the CCG and national average of 86%.

The NHS choices website contained some negative comments in respect of access to appointments and there were some common themes in five comment cards with around 10% of those responding indicating concerns about accessing appointments. Some patients commented about the long wait for non-urgent appointments indicating this could be up to three weeks from the date of request. We saw evidence of availability of appointments for the following day and later in the week. The practice held over a certain number of appointments for online bookings and these were released at the end of the day before.

The practice offered booking of routine appointments up to six week in advance. Time was set aside throughout the day for patients with a medical emergency to be seen by GPs or the nurse prescriber. Patients who felt that they had a medical emergency were invited to telephone the practice and speak to the senior nurse for their condition to be triaged.

Detailed information was available to patients on the practice website about appointments as well as in the practice leaflet. This included how to arrange urgent appointments, how to request a home visit and how to book an appointment online. The website informed patients how to access treatment during the times when the surgery was closed. The practice offered on line services for booking appointments, viewing summary care records and ordering prescriptions. The practice also communicated with patients via text message where appropriate.

The practice website indicated that appointments were only long enough to deal with one problem and that patients should alert reception staff at the point of making the appointment if a longer appointment was required. We saw evidence of longer bookings made for patients with specific needs or following discussion with the triage nurse.

The practice had introduced catch up sessions for the doctors to try and keep appointments running on time.

Following concerns raised by the PPG about surgery running late one of the doctors came to speak to their members about appointments. PPG members told us the doctor explained reasons for running over time and talked about ways in which they could work to keep surgery running on time.

Listening and learning from concerns and complaints

The practice had a system in place for handling concerns and complaints. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The partner GP was the designated responsible person who handled all complaints in the practice.

Information was available on the practice website to help patients to understand the complaints system as well as on request from the reception desk. The practice website signposted patients to local patient advice and liaison services (PALS) and advocacy services should they need support to make a complaint.

We looked at six complaints received in between April 2014 and March 2015. We found they were responded to in a timely way and were fully investigated.

The records we saw and comments from staff assured us that the practice responded positively to complaints and had developed an open and transparent approach to responding to issues. We saw evidence that issues raised in complaints were discussed by staff. Staff we spoke with were aware of the complaints process and how to support patients to make a complaint.

The practice reviewed complaints annually to detect any themes or trends and learning from these was discussed as a whole practice team. We saw evidence to confirm complaints were analysed and that learning from complaints was shared with relevant staff. Themes and trends from complaints were also shared with the PPG.

Some of the patients we spoke with said they would not be aware of how to make a complaint but felt that they would be able to find out easily by asking reception staff or directing it to the practice manager.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice told us they aimed to provide high quality health care to their population. Their statement of purposed stated that they would do this by treating patients with respect and dignity, compassion, respecting confidentiality, considering patient needs, being committed to quality, optimising patient experience and being open and transparent. We found these values reflected through our conversations with staff. Staff we spoke with were aware of the aims of the practice and shared these aims.

The practice had considered succession planning. For example, the practice management told us they hoped to add further partners to the practice to share responsibilities and lead roles; however it was not clear that this, or other plans for the future, had been communicated to the staff or finalised into a plan of action with timescales. Staff we spoke with had a limited awareness of the practice's plans for the future.

Governance arrangements

There was a leadership structure within the practice although the vast majority of the lead roles were assumed by the senior partner. The practice manager told us that this placed a lot of pressure on the senior partner. There were some areas where this system was leading to gaps in processes and records, exposing patients to potential risk. These had not been identified as the governance systems were not sufficiently robust and the practice did not hold regular governance meetings.

The practice held regular meetings to discuss significant events, as well as meetings for the reception staff at which learning from complaints and significant events was discussed. We looked at minutes from the significant event meetings which were detailed and highlighted actions to be taken. We saw evidence that these actions were completed. This was an area of improvement from the previous inspection which found that the provider did not document meetings.

The nursing staff held regular nurses meetings which were also attended by practice management. We looked at minutes which covered relevant significant events, case discussions and shared learning from training. We saw evidence that the doctors met regularly, however the evidence we saw suggested that these meetings were specifically related to the admissions avoidance enhanced service and did not take into consideration practice wide issues.

Members of staff we spoke to were clear about their roles and responsibilities. Staff told us they felt valued and felt well supported in their roles. Staff felt that management within the practice were approachable and that this had improved over time.

The practice had a number of policies and procedures in place to govern activity. These were available to staff via the shared drive and some were available in reception as hard copies. Staff we spoke to knew where the policies were located and how to access them. Most of the policies we reviewed had a version control on the front sheet.

However, the policy was not always given an updated version number when it was reviewed or amended meaning there could be confusion for staff about how which was the most recent version of a policy. There was no system in place to evidence that policies and procedures had been read by staff.

The practice had a system for managing complaints and recording significant events. The practice manager attended locality meetings with other practice managers. We were told that learning from significant events within the practice was shared at these meetings.

The practice had some arrangements for identifying, recording and managing risks; however we did not see evidence of a consistent approach to risk management which ensured patients, staff and others were protected against harm. The practice manager told us some of the risk assessments were done online and others as hard copies which led to confusion. The systems in place were insufficient to assure the provider that risks were identified assessed and appropriate action taken to mitigate against these. The provider could not when requested provide evidence to demonstrate that quality and risk being discussed in meetings to ensure a consistent approach.

Leadership, openness and transparency

Staff we spoke with told us there was a culture of openness within the practice. Staff felt the GPs and the practice manager were approachable. The healthcare assistants and practice nurses told us they felt able to approach the GPs at any time for support.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

We saw evidence of a learning culture within the practice, with staff having regular appraisals and access to a range of training and e-learning. The practice had recently taken on an apprentice within the administration team as a permanent member of staff following the end of their apprenticeship.

The practice demonstrated an open culture in respect of learning from mistakes and significant events. We saw evidence of being open and transparent in respect of an incident involving a breach of patient confidentiality.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG) to help it engage with the practice population and obtain patient views. PPGs are a way for patients and GPs to work together to improve the service and to promote and improve the quality of care. The PPG had seven members who attended face to face meetings and 19 members of a virtual group who communicated via email.

The PPG told us the practice was responsive to feedback and suggestions for improvements. The practice had worked to make changes as a result of the identified priorities. For example, there had been concern about the lack of stability within the medical staffing and the practice had recruited two salaried GPs and a long term locum. In addition to changes made as a result of identified priorities, the PPG had been involved in organising events such as a cancer talk by an oncologist and a cancer nurse attended by 30 patients.

The PPG had worked with the practice to consider improvements to the appointments system and to look at ways to decrease patient waiting times. In addition to this the PPG had identified recruitment of GPs as a priority area and the practice had acted upon this.

The PPG has also worked with the practice to make improvements outside of identified priority areas such as organising health and wellbeing events. For example the practice and PPG had arranged a 'Warm, well and wise' day in the local community centre which was well attended.

The practice demonstrated that it had a robust system for dealing with complaints from patients and had evidenced learning from these which was shared with staff at an annual complaints review meeting. However, we did not see evidence of learning from complaints being discussed throughout the year.

The practice participated in the NHS Friends and Family Test and encouraged their patients to complete forms. The practice reviewed the themes from the forms on a monthly basis and shared these with the PPG to drive improvement.

Staff told us they felt confident to raise issues and make suggestions for improvements. Staff told us that they feel that they are listened to and that this had been an area which had improved.

The practice produced a quarterly newsletter for patients which was available on their website and in the reception area. This included information about the practice, updates about the appointment system, health promotion information and a section for children.

Management lead through learning and improvement

We saw evidence that the practice supported staff to maintain their clinical professional development through training, e-learning and mentoring. For example the practice manager was undertaking a qualification in practice management. The senior partner also spent one day per month working in a drug misuse centre.

The practice completed reviews of significant events and other incidents and shared these with staff at meetings to ensure the practice improved outcomes for patients. The practice also shared learning within the locality.